

THE UNREALIZED POTENTIAL OF GEORGIA'S LOCAL INTERAGENCY PLANNING TEAMS

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System of care is a spectrum of effective, community-based services and support for children and youth with or at risk of mental health or other challenges and their families.¹ Local Interagency Planning Teams (LIPTs) were created within the Georgia System of Care to bring together the systems to better serve families and keep youth in their communities. Recognizing the need for and importance of LIPTs, the Georgia Legislature codified them in 1990, establishing that LIPTs would be responsible for:

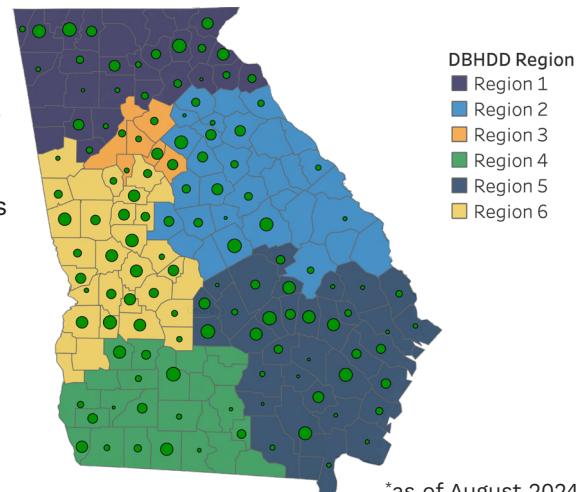
- Staffing cases to 1) review and modify decisions related to placement of children and adolescents who are in out-of-home treatment, as needed, and 2) monitor each child's progress;
- Facilitating prompt return to the child's home, when possible;
- Developing a reintegration plan shortly after a child's admission to an out-of-home treatment program;
- Reviewing and amending the individual plans for each child or adolescent to ensure that services are provided in the least restrictive setting consistent with effective services;
- Being the focal point for any regional plan.²

Although LIPTs have enhanced service delivery in several ways, ongoing evaluation efforts have indicated that their impact has yet to be fully realized. This brief provides an overview of the intended purpose of LIPTs, characterizes the current state of LIPTs across Georgia, and identifies opportunities for improvement. Testimonies from LIPT chairpersons further highlight LIPT successes and challenges.

LIPT NETWORK

LIPTs are organized at a county level, which adheres with the legislative requirement that there be at least one LIPT per Georgia Dept. of Behavioral Health and Developmental Disabilities region (totaling six). As of August 2024, there are 104 functioning LIPTs serving 124 counties. Thirty-five counties across the state do not have access to LIPT services and an additional 30 counties share LIPT services with one to seven neighboring counties. The 10 multicounty LIPTs are mainly located in rural parts of Georgia, which have lower population densities and limited resources.

LIPT Occupancy by Georgia County*



*as of August 2024

¹ Interagency Directors Team. (2020). Georgia System of Care: State Plan 2020. Center of Excellence for Children's Behavioral Health, Georgia Health Policy Center. https://gacoeonline.gsu.edu/files/2021/02/SOC-State-Plan-2020-Final_02.12.21.pdf

² Center of Excellence for Children's Behavioral Health. (2021). Local Interagency Planning Team (LIPT) Manual: Collaborating for healthy communities team guidebook (2021-2022 ed.). Georgia State University. <https://gacoeonline.gsu.edu/files/2022/08/FINAL-LIPT-MANUAL-2021-22.pdf>

INTERNAL LIPT STRUCTURE

Each LIPT has a leadership team comprised of a chairperson, co-chairperson, and secretary to organize and oversee LIPT meetings and functions. All positions are voluntary and LIPT duties are not part of the responsibilities of their paid employment. As of August 2024, none of the 104 active LIPTs have a secretary and only 24% have a co-chairperson. These vacancies increase the administrative load of the LIPT chairpersons, who typically serve terms of one to two years; however, a dearth of willing volunteers has resulted in numerous chairs serving five or more years.

LIPTs also include the following mandated state agencies: Department of Public Health, Department of Juvenile Justice, Division of Family and Children Services, Georgia Vocational Rehabilitation Agency, local education agency or special education representative, and local mental health agencies.³ Mandated agencies are expected to attend all meetings administered by their county and provide care coordination support and recommendations to the youth and their family.

MEETING PARTICIPATION

LIPTs have successfully cultivated partnerships between families and behavioral health specialists by ensuring that the youth, their families, and appropriate community providers are included in all discussions and decisions. A pandemic-initiated shift to virtual and hybrid meetings, a trend that has continued post-pandemic, has increased participation in LIPT meetings. A recent pilot evaluation of three active LIPTs (Fulton LIPT; Cherokee LIPT; and a multicounty team serving Montgomery, Wheeler, and Treutlen counties) indicated high levels of participation from providers and strong engagement with

scare coordinators, who assist with connecting individuals to resources and services across Georgia's System of Care. The pilot evaluation also revealed strong, consistent engagement of three out of the six mandated agencies, including local education agencies, Division of Family and Children Services, and the Department of Juvenile Justice. Reasons for low engagement from the other three agencies may include the youth not meeting agency age requirements for services or not having an appropriate agency representative available due to agency position vacancies or restructuring.

“The biggest challenge of LIPTs has been consistent participation by partners due to staffing issues at a respective organization. Staff is unable to be at two places at once.”

—LIPT chairperson

“We allow the families and youth to speak freely. All family members are invited, and the family is allowed to bring an outside person of their choice to represent them (as an advocate).”

—LIPT chairperson

STAGE OF INTERVENTION

The Georgia Code 49-5-225 states that LIPTs are intended to serve individuals with a severe emotional disturbance diagnosis. As such, it is considered a mechanism of late intervention in Georgia's System of Care continuum of care.⁴ The most recent pilot evaluation confirmed that all youth served by LIPTs had at least one severe emotional disturbance diagnosis. Pilot data further suggests that LIPTs are well-positioned to support youth prior to receiving an official diagnosis.

³ Georgia Code § 49-5-225 (2022). Staff cases and review and evaluate the progress and status of each child prior to admission to a treatment program. In Justia US Law. <https://law.justia.com/codes/georgia/2022/title-49/chapter-5/article-10/section-49-5-225/>

⁴ Mindworks Georgia. (2024). Mindworks Georgia Strategic Plan: Our path to informed impact, 2024-2026. Center of Excellence for Behavioral Health, Georgia Health Policy Center. <https://ghpc.gsu.edu/download/mindworks-georgia-strategic-plan-our-path-to-informed-impact-2024-2026/?ind=1730926153003&filename=3591be91-89cb-4ebb-9e0c-099b46eed6bb&wpdmdl=4759286&refresh=672bd8fdb6bb01730926845>

OPPORTUNITIES & RECOMMENDATIONS

LIPTs have had many successes, including resolute volunteer leaders, strong relationships between families and providers, connecting youth to resources, and evaluation efforts. An analysis of their current state has identified surmountable challenges and opportunities that leverage successes to maximize the impact of LIPTs across Georgia. LIPTs carry the capacity to provide behavioral health services for youth with or at risk of a behavioral health diagnosis. Sustainability of adequate LIPT service delivery will be realized through the following asks:

Invest in a centralized portal to improve and standardize sharing of health information, increase collaboration across agencies, and decrease administrative load on LIPT leadership teams.

The responsibility of LIPT operations falls to volunteer leaders, often without the benefit of a full local leadership team and for longer than the recommended one to two years. Although these individuals are clearly motivated, dedicated, and capable, a centralized portal will minimize their load and encourage others to serve. In addition, a centralized portal would allow for a standardized way of sharing sensitive information in a secured database.

Invest in a pilot evaluation to assess the utility of a centralized care coordination portal for LIPTs.

A pilot evaluation in Region 1 and Region 5 could assess feasibility and establish best practices for the utilization of a centralized care coordination portal to be established across the state.

Strengthen communication and collaboration between LIPTs and care management organizations.

Since the majority of individuals serviced by LIPTs have public insurance, increasing regular attendance from care management organizations at meetings and strengthening the relationship between them and LIPTs, in partnership with the Department of Community Health, will help to ensure services covered by their insurance provider are offered in a timely fashion.

Convene a task force to establish the best path forward to compensate LIPT leadership teams for their administrative roles.

Leadership vacancies have impacted service delivery and increased administrative burden. Providing compensation may increase the pool of individuals willing to lead LIPTs, effectively decreasing the number of vacancies and multicounty LIPTs.

Identify best practices for certified peer specialists to be compensated for their time through Medicaid billing.

The success of LIPTs in providing support to and service coordination for families can be improved by creating a task force that can identify best practices for certified peer specialists to bill through Medicaid. This includes creating tools that offer guidance and providing technical assistance. In addition, the task force should work to identify ways of expanding recruitment opportunities for LIPT families to become certified peer specialists.

Revisit and adjust mandated agency participation based on the needs of the individual.

If the individual whose case is to be discussed does not meet the minimum requirements (e.g., age) to receive services from a specific partner on the list of mandated agencies, then that partner could be deemed “optional” for that case. This approach would ensure that everyone is served by appropriate partners and reduce absenteeism by mandated agencies.

Update Georgia code (49-5-220 (a)(6)) language from severe emotional disturbance diagnosis to youth with or at risk of a behavioral health diagnosis or substance use disorder.

The system of care approach recognizes the importance of early intervention and has begun to expand the strict severe emotional diagnostic requirements for service eligibility to include those at risk of receiving a behavioral health diagnosis. Updating the code language will support the incorporation of LIPT services in early intervention and expand opportunities to more populations that could benefit from LIPT services.

Invest in an effective statewide evaluation of LIPTs that builds upon the existing pilot data.

Continued evaluation efforts are necessary to identify and track trends across regions, establish best practices across the state, and implement data-driven processes and functions to improve LIPT operations.

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